2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000074476

Address:

City-St-Zip:

4840 ANVERS BLVD

JACKSONVILLE, FL 322107067

Entity Name: LAFLEUR'S MECHANICAL SERVICES, INC.

FILED Apr 30, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | | |
|-----------------------------------------------|-----------------------------------------|---------------------------------|---------------------------------------------|----------------------------------------------|--|
| | ERS BLVD IVILLE, FL 32 | 2107067 | | | |
| Current Mailing Address: | | | New Mailing Address | : | |
| | ERS BLVD IVILLE, FL 32 | 2107067 | | | |
| FEI Number | : 20-2881580 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address of | Name and Address of New Registered Agent: | |
| SUITE 4 |), GARY G MEADOWS W IVILLE, FL 32 | | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registered | office or registered agent, or both, | |
| SIGNATU | RE: | | | | |
| | Electro | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financir | ng Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | LAFLEUR, RAI 4840 ANVERS | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | VP, (LAFLEUR. JUI |) Delete LIETTE H | Title: Name: | () Change () Addition | |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH LAFLEUR PRES 04/30/2008